(c) whether any legislation is also likely to be introduced;

(d) if so, by when; and

(e) the main features of the proposed amendment?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The Drugs and Cosmetics Rules are amended from time to time by the Government of India to make them responsive to the present day needs of quality control of drugs.

(c) to (e) The Government have introduced the Drugs and Cosmetics (Amendment) Bill, 2003 (Bill No. 93 of 2003) further to amend the Drugs and Cosmetics Act, 1940 on 22.12.2003, in the 13th session of Lok Sabha to enhance penalties for manufacture of spurious drugs and violation of the other provisions of the Drugs and Cosmetics Act and Rules made thereunder. With the dissolution of the Parliament the said bill also lapsed. Steps have been initiated to reintroduce this Bill in Parliament. The Bill proposes enhanced punishments relating to spurious or adulterated drugs leading to death or grievous hurt and makes such offences non bailable and cognizable. It also proposes setting up of special courts to try such offences.

Dengue and Malaria cases in Delhi

1848. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of dengue and malaria cases reported in Delhi this year since March, month-wise;

(b) the reasons for early out break of the diseases caused due to mosquito bite this year; and

(c) the action taken by various Government agencies to cope with the situation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As per information received from State Health authorities, the number of dengue and malaria cases in Delhi during 2004, month-wise since March, is as under :—

Month	Dengue Cases	Malaria Cases
March	4	14
April	0	25
May	0	57
June	0	97
July	2	74
TOTAL :	6	267

(b) Incidence of Dengue and Malaria show a seasonal increase during the Monsoon and Post-Monsoon period. There is no reported outbreak of dengue and malaria in Delhi this year.

(c) The strategies adopted for prevention and control of Dengue and Malaria include:—

- Issuance of advance warning to States/UTs suggesting all the preventive and control measures.
- Institutional and Management Capacity, Building, Training and Manpower Developments and efficient Management Information System (MIS).
- Information, Education and Communication towards personal prevention and community participation.
- Early detection and containment of epidemics.
- Early case detection and prompt treatment.
- Selective vector control.
- Promotion of personal protection methods.
- Disease and vector surveillance.
- Regular monitoring and review of Dengue/Malaria situation by the concerned authorities.
- Dengue/Dengue Haemorrhagic Fever (DHF) has been made a notifiable disease in Delhi.

- Enforcement of Delhi Municipal Corporation (Malaria and other Vector Borne Diseases) Bye-laws, 1975 by MCD with regard to creating mosquitogenic conditions
- Regular meetings with Resident Welfare Associations to ensure compliance with anti-mosquito measures
- Organizing training courses for Medical Officers in different hospitals of Delhi for preventon and control of the diseases

Prevention and control of the diseases is primarily the responsibility of the concerned State Governments. The Govt of India supplies drugs, larvicides, insecticides etc for prevention and control of the diseases Assistance is also provided for training programme and IEC Technical support for outbreak investigation and control of these diseases is also provided to the States on request

Cash assistance to the tune of Rs 63 35 lakhs has been provided to NCT of Delhi by the Central Govt. to support IEC, capacity building through training etc during 2003-04

Shortage of Blood

1849. SHRI DHARAM PAL SABHARWAL. Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that there is acute shortage of blood in various blood banks throughout the country, particularly in Delhi where as per a rough estimate of the Indian Society of Blood Transmission and Immunahaematology (ISBI) blood requirement is around 10,000 units per day while supply through various blood banks is only 3000 units,

(b) if so, the details in this regard, State-wise; and

(c) the details of the new incentives and measures proposed to introduce and campaigns, if any, proposed to be launched to encourage people to donate blood and to create awareness regarding necessity of blood donation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No, Sir There is no overall shortage of blood in the country. However, there are occasional and seasonal shortage in a few blood banks So far as